

CRANDON NURSING HOME, THE

105 WEST PIONEER, P.O. BOX 400

CRANDON 54520 Phone: (715) 478-3324

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 82

Total Licensed Bed Capacity (12/31/02): 82

Number of Residents on 12/31/02: 82

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 78

Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%	

Home Health Care	No	Primary Diagnosis		%	Age Groups		%	Less Than 1 Year	24.4
Supp. Home Care-Personal Care	No	-----		-----	-----		-----	1 - 4 Years	35.4
Supp. Home Care-Household Services	No	Developmental Disabilities		1.2	Under 65		4.9	More Than 4 Years	40.2
Day Services	No	Mental Illness (Org./Psy)		36.6	65 - 74		11.0	-----	-----
Respite Care	No	Mental Illness (Other)		3.7	75 - 84		32.9		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse		0.0	85 - 94		48.8	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		0.0	95 & Over		2.4	Full-Time Equivalent	
Congregate Meals	No	Cancer		0.0	-----		-----	Nursing Staff per 100 Residents	
Home Delivered Meals	No	Fractures		2.4			100.0	(12/31/02)	
Other Meals	Yes	Cardiovascular		25.6	65 & Over		95.1	-----	
Transportation	No	Cerebrovascular		14.6	-----		-----	RNs	13.6
Referral Service	No	Diabetes		6.1	Sex		%	LPNs	5.4
Other Services	No	Respiratory		4.9	-----		-----	Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions		4.9	Male		25.6	Aides, & Orderlies	30.5
Mentally Ill	No	-----		-----	Female		74.4		
Provide Day Programming for				100.0			-----		
Developmentally Disabled	No						100.0		

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	263		66	98.5	103	0	0	0.0	121	9	81.8	121	0	0.0	0	0	0.0	0	79	96.3
Intermediate	---	---	---		1	1.5	85	0	0	0.0	0	2	18.2	121	0	0.0	0	0	0.0	0	3	3.7
Limited Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0.0	0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0			67	100.0			0	0.0		11	100.0		0	0.0		0	0.0		82	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:						Activities of		% Needing Assistance of	Total
						Daily Living (ADL)		One Or Two Staff	Number of Residents
								% Totally Dependent	
Private Home/No Home Health	29.3						% Independent		
Private Home/With Home Health	0.0					Bathing	18.3	59.8	82
Other Nursing Homes	12.2					Dressing	22.0	23.2	82
Acute Care Hospitals	56.1					Transferring	42.7	14.6	82
Psych. Hosp.-MR/DD Facilities	0.0					Toilet Use	26.8	14.6	82
Rehabilitation Hospitals	0.0					Eating	40.2	14.6	82
Other Locations	2.4					*****			
Total Number of Admissions	41					Continence	%	Special Treatments	%
Percent Discharges To:						Indwelling Or External Catheter		Receiving Respiratory Care	
Private Home/No Home Health	36.8					Occ/Freq. Incontinent of Bladder	40.2	Receiving Tracheostomy Care	6.1
Private Home/With Home Health	0.0					Occ/Freq. Incontinent of Bowel	36.6	Receiving Suctioning	0.0
Other Nursing Homes	15.8							Receiving Ostomy Care	1.2
Acute Care Hospitals	5.3					Mobility		Receiving Tube Feeding	1.2
Psych. Hosp.-MR/DD Facilities	0.0					Physically Restrained	20.7	Receiving Mechanically Altered Diets	39.0
Rehabilitation Hospitals	0.0							Other Resident Characteristics	
Other Locations	2.6					Skin Care		Have Advance Directives	56.1
Deaths	39.5					With Pressure Sores	4.9	Medications	
Total Number of Discharges						With Rashes	1.2	Receiving Psychoactive Drugs	43.9
(Including Deaths)	38								

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

		This Facility	Ownership: Proprietary	Bed Size: 50-99	Licensure: Skilled	All Facilities			
		%	Peer Group Ratio	Peer Group % Ratio	Peer Group % Ratio	% Ratio	% Ratio	% Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		95.1	80.0	1.19	83.5	1.14	83.3	1.14	85.1
Current Residents from In-County		70.7	73.3	0.96	72.9	0.97	75.8	0.93	76.6
Admissions from In-County, Still Residing		43.9	19.2	2.29	22.2	1.98	22.0	2.00	20.3
Admissions/Average Daily Census		52.6	136.0	0.39	110.2	0.48	118.1	0.45	133.4
Discharges/Average Daily Census		48.7	138.5	0.35	112.5	0.43	120.6	0.40	135.3
Discharges To Private Residence/Average Daily Census		17.9	59.1	0.30	44.5	0.40	49.9	0.36	56.6
Residents Receiving Skilled Care		96.3	93.4	1.03	93.5	1.03	93.5	1.03	86.3
Residents Aged 65 and Older		95.1	95.9	0.99	93.5	1.02	93.8	1.01	87.7
Title 19 (Medicaid) Funded Residents		81.7	73.2	1.12	67.1	1.22	70.5	1.16	67.5
Private Pay Funded Residents		13.4	16.8	0.80	21.5	0.62	19.3	0.70	21.0
Developmentally Disabled Residents		1.2	0.9	1.41	0.7	1.64	0.7	1.69	7.1
Mentally Ill Residents		40.2	33.7	1.20	39.0	1.03	37.7	1.07	33.3
General Medical Service Residents		4.9	19.3	0.25	17.6	0.28	18.1	0.27	20.5
Impaired ADL (Mean)		44.4	46.1	0.96	46.9	0.95	47.5	0.94	49.3
Psychological Problems		43.9	51.2	0.86	54.6	0.80	52.9	0.83	54.0
Nursing Care Required (Mean)		6.7	7.2	0.94	6.8	0.99	6.8	0.99	7.2